

**Complete this side only if you live with primary or secondary adrenal insufficiency
or are a carer/guardian filling the form for someone else.
Turn over if you are a family member or supporter joining the Association.**

Guardians, we need your contact details. Complete side 2 as well as side 1.

MEMBERSHIP APPLICATION FORM

I have paid \$35 (Australia and overseas) via: Cheque/Money Order

EFT*

PayPal

OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$ Donation \$

**Use Paypal Guest for
credit card payments**

I have added an optional donation of

\$ _____

(including \$ _____ for _____)

**EFT - please make sure you put your name and postcode in the reference*

Bendigo Bank BSB: 633000

Account: 218784932

Name: Australian

Addison's Disease Association Inc.

Title:	USE BLOCK LETTERS IN THESE BOXES	
Surname:	Guest	
Given name(s):		
Date of birth:		
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	()	
Mobile:		
Email:		
Endocrinologist:		Ph No.
Endo's email:		
GP name/practice:		Ph No.
GP email:		

Only to be completed for new members or members whose details have changed

I have (tick one): Primary adrenal insufficiency (Addison's disease) Secondary adrenal insufficiency Other

Details of Other

When were you diagnosed?

Year:

Your best contact is:

by phone by mobile by email

How would you like to receive your newsletter?

Email Post

Next of Kin contact details

Name:

Ph:

Return to: **Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia**
or complete the online form at: <https://addisons.org.au/payments/membership-au-12months/>
for new members

If renewing or re-joining, log in as a member and go to <https://addisons.org.au/membership-renewal>

*The Australian Addison's Disease Association conforms to the requirements of the Privacy Act in the way it collects, stores
& uses the information provided by its members and applicants.*



FAMILY MEMBER/GUARDIAN FORM

Complete this side if you are a family member or supporter joining the Association.

Guardians please complete your own details on this side and use the other side for details of your person and payment.

Please complete the following in **BLOCK LETTERS** and forward to:

The Treasurer, Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia

I have paid \$35 (Australia and overseas) via: Cheque/Money Order

EFT*

PayPal

Tick if you are a carer/guardian

OR

giving a membership

for someone else

(Fill in other side for person)

**Use Paypal Guest for
credit card payments**

I have added an optional donation of

\$ _____

(including \$ _____ for _____)

**EFT - please make sure you put
your name in the reference*

Bendigo Bank

BSB: 633000

Account: 218784932

Name: Australian

Addison's Disease Association Inc

Title:	USE BLOCK LETTERS IN THESE BOXES	
Surname:		
Given name(s):		
Date of birth:	(Optional)	
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	()	
Mobile:		
Email:		

Return to: **Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia**
or complete form online at: <https://addisons.org.au/payments/membership-au-12months/>

The Constitution of the Australian Addison's Disease Association Incorporated (AADAI) makes membership open to people living with adrenal insufficiency and to others who share the goals of the Association.

New member's kits are sent to **Australian members only** with adrenal insufficiency on first joining when the form is processed. This kit contains information to help you begin living well with adrenal insufficiency.

Guardians of children and incapacitated applicants use this form, so information goes to the guardian.

Gift memberships are also possible for family/friend. **Use both sides as for guardians** but tick the box above.

